

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046782

DO NOT WRITE
ON THIS STUB

Amended

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 114

STATE FILE NUMBER

FILED NOV 26 1963

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney	
c. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bransoh		c. CITY OR TOWN Hollister	
Length of stay in 1b 3 days		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Hospital		d. STREET ADDRESS (If outside, give location) Hollister	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ELMER CLARENCE JONES		4. DATE OF DEATH Nov. 19, 1963	
5. SEX M		6. COLOR OR RACE W	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug. 20, 1894	
9. AGE (last birthday) 69		10. IF UNDER 1 YEAR 2 Months 29 Days 2 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	
11. BIRTHPLACE (City and state or country) Cape Fair, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Issac Jones		13b. MOTHER'S MAIDEN NAME Matilda Carpenter	
14. NAME OF HUSBAND OR WIFE Florence Jones		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Florence Jones	
Address Hollister, Mo		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) Uncontrolled arteriosclerosis DUE TO (c) Diabetes Mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 11 a.m. Month, Day, Year 11/19/63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
STATE		21. I attended the deceased from Mar. 1952 to 11/19/63 and last saw him alive on 11/19/63 Death occurred at Skaggs Hospital 8 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE W. P. Magnus M.D.		22b. ADDRESS Branson, Mo.	
22c. DATE SIGNED 11/22/63		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE Nov. 22, 1963		23c. NAME OF CEMETERY OR CREMATORY Ozark Mem.	
23d. LOCATION (City, town, or county) Branson, Mo		24. FUNERAL DIRECTOR Walter Cobb	
ADDRESS Branson, Mo		25. DATE RECD. BY LOCAL REG. 11-22-63	
26. REGISTRAR'S SIGNATURE Robert Campbell			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 6 1963

DEC 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Blanton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.